

Healthcare Information Resource Center

Internet and Personal Computer Diskette Documentation

The Annual Utilization Report of Hospitals

For Calendar Year

1999

Annual Utilization Report of Hospitals - 1999

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GENERAL INFORMATION

The Office of Statewide Health Planning and Development (OSHPD) annually produces these data files which contain 492 elements of utilization data from the *Annual Utilization Report of Hospitals (AURH)*. All nonfederal hospitals licensed in California must submit the Report to OSHPD. After receipt, reports are key-entered and OSHPD staff review each report for correctness and completeness. OSHPD contacts hospital staff when data reported appear incomplete or do not conform to established edits. If necessary, corrections are made to the data in consultation with the hospital staff. Once the review process for all reports has been completed, the database is closed and made available to the public. The data files contain data from the 1999 calendar year: January 1, 1999 – December 31, 1999.

Documentation, Data File Format, and Importing Hints for Spreadsheet or Database Software

This documentation includes descriptions of each data element. It may also be helpful to review the *AURH 1999* reporting form. A copy of the form is included as Appendix B in this documentation package. Users can also view or download a copy of the Report Form Instructions by accessing the OSHPD website:
<http://www.oshpd.state.ca.us/hid/infores/hospital/util/index.htm>.

Due to the large number of data items, the data are separated into two files. **Data File One** (hosp9901.txt) contains basic hospital identification information and the data items from the *AURH*, pages 0 through 5. **Data File Two** (hosp9902.txt) contains the data items from report pages 6 through 12.

Header Rows

The first two rows in each data file are header rows containing column (field) titles. The first row has abbreviated field descriptions. The second row displays field names that include the respective input document coordinates from the *Annual Utilization Report of Hospitals*, by page, line and column. For example, the total number of hospital discharges is reported on page 8, line 40, column 3. The field name is “P084003.” (All reported field names begin with a constant “P”). Note- the inclusion of two header rows can be useful, however, users should use care when doing sorts that automatically include both header rows. Also, some titles in the top header row may have to be shortened as some software limits field names to 8 characters.

Importing Comma-Delimited Text Data Files

The files are in a comma-delimited text (TXT) format for use in spreadsheet and database applications. SAS and other statistics programs can also read the files. Most spreadsheet or database programs require that you import files through its import feature and it's a good idea to review your software's import features for more specific instructions. TXT files should not be opened by double-clicking the file with Windows Explorer. This will only result in Wordpad or Notepad automatically opening the file. TXT files must be imported into your application. Regarding the import process: It is important to consider the planned uses of the data. Current software applications feature helpful “Import Wizards” that provide guidance on such file import options as cell and column formatting for text, date, numerical use, and appearance. The user may want to consider particular formats for the following fields during the import process:

<u>Page Line Column Number</u>	<u>Field Name</u>	<u>Format Consideration</u>
OSHPD_ID	OSHPD_ID	Use the same format in both data files
COUNTY	COUNTY	Leading zeros of 2-digit county codes
HSA	HSA	Leading zeros, 2-digit health service area codes
HFPA	HFPA	Leading zeros, hlth. fac. planning area codes
P000103	RPT_STATUS	Leading zeros of status codes
P020101	BEG_DATE	Dates
P020102	END_DATE	Dates

The Hosp99_readme.txt file that is included in this package also offers some assistance with text files. If you continue to have problems, contact a technical representative at Healthcare Information Resource Center (HIRC) at (916) 322-2814. Be aware

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that the OSHPD staff can only answer technical data questions. You must contact the software company's technical support service regarding operation of your software.

Number of Hospitals and General Notes

These data files are from the *Annual Utilization Report of Hospitals* and contain a record of each nonfederal hospital that was open at any time during 1999. Each line (row) represents one hospital. There are 570 hospital locations included in the data file.

Except for a small number of fields that relate primarily to general hospital information, the data files and the AURH report form blocks are identical. The information in those other fields is maintained by the State Department of Health Services and provided to OSHPD through the Licensing File System (LFS).

Data File Documentation Description and Specifications Layout

Spreadsheet Columns

Indicates the column in which the data item is located if the file is imported into a spreadsheet. The columns are in alphabetical order.

Page, Line, & Column

This item represents the report page, line, and column in the *Annual Utilization Report of Hospitals* input document.

Field Name

This lists the English abbreviated name for each field.

Field Description and Codes Definition

This field provides more information about the data item and will include a brief description or list of any codes or numbers that may affect the data item.

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Hospital Utilization 1999 Data File Specifications Field Descriptions and Code Definitions
DATA FILE ONE			
A	OSHDP_ID	OSHDP_ID	OSHDP Facility Number (9 digits)
B	COUNTY	COUNTY	County Number [see list of California codes on last page of document package]
C	PERMID	PERM_ID	OSHDP Permanent ID Number (5 digit number, Office processes)
D	LICTYPE	LIC_TYPE	LFS License Type (License Classification) <u>Code</u> <u>Type</u> 1 General Acute Care 2 Acute Psychiatric 3 Psychiatric Health Facility 4 Chemical Dependency Recovery Hospital 5 Rural Hospital-General Acute Care 6 State Correctional Facility
E	LICDATE	LIC_DATE	LFS First Licensed Date
F	LSTAT	LIC_STATUS_CODE	Status of hospital's license: C=closed; S=suspense; [blank]=open
G	LSTATDT	LIC_STATUS_DATE	Date of status of hospital's license
H	OSTAT	RE-OPEN_HOSP_STATUS	Re-opened Hospital & Lic. Code O=re-opened after suspense or closure
I	OSTATDT	RE-OPEN_HOSP_STATUS_DATE	Date Hospital re-opened after suspense or closure
J	ConNumA	TYPE_CONSOL	Consolidation Type
K	ConNumB	PAR_SATL_CONSOL	Consolidated Parent/Satellite
L	ConNumC	NUM_CONSOL	Consolidation Seq Number
M	ConDate	DATE_CONSOL	Consolidation Date
N	DBAName	FAC_NAME	Facility Name DBA (on 12/31)
O	DBAAddr	ADDRESS	Address (DBA)
P	DBACity	CITY	City (DBA)
Q	DBAZip	ZIP_CODE	Zip Code (DBA)
R	MLAttn	MAIL_ATTN	Attention (Mailing Address)
S	MLAddr	MAIL_ADD	Address (Mailing Address)
T	MLCity	MAIL_CITY	City (Mailing Address)
U	MLState	MAIL_STATE	State (Mailing Address)
V	MLZIP	MAIL_ZIP	Zip Code (Mailing Address)
W	HSA	HSA	Health Service Area Codes: 01-14
X	HFPA	HFPA	Health Facility Planning Area 0101-1424

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Hospital Utilization 1999 Data File Specifications Field Descriptions and Code Definitions
Y	COMPSTAT	COMP_STATUS	Computed Status Code <u>Code</u> <u>Status</u> C Closed during current calendar year D Became distinct part of another hospital during year, 12/31 NO New (licensed this calendar year), Operating 12/31 NS New (licensed this calendar year), in Suspense on 12/31 NC New (licensed this calendar year), Closed on 12/31 NSM New (licensed this calendar year), in Suspense during year, operating 12/31 OA Operating all year SA In suspense all year SB In suspense on January 1, Operating on December 31 SE Operating January 1, in Suspense on December 31 SM Operating on 1/1 & 12/31, in Suspense for a period during year
Z	P000102	TYPE_LIC	<u>Code</u> <u>License Type</u> 1 General Acute Care 2 Acute Psychiatric 3 Psychiatric Health Facility 4 Chemical Dependency Recovery Hospital 5 Rural Hospital-General Acute Care 6 Prison Hospital
AA	P000103	RPT_STATUS	Report Status (combines facility licensure status & Annual Report status) <u>Code</u> <u>Report/License Status</u> 01 License in suspense all year, no report required 02 License in suspense, data reported 03 License in suspense, nonrespondent 04 Hospital closed, data reported 05 Hospital closed, nonrespondent 06 Licensed but not in operation 07 Hospital open, data reported (most hospitals) 08 Hospital open, nonrespondent 09 Hospital open, partial year data reported (change of ownership) 10 Hospital open, report a combination of data from 2 (or more) owners 11 Closed, data unavailable 12 New, first licensed in this year, data reported 13 New, first licensed in this year, non-respondent
AB	P010301	PHONE	Phone Number
AC	P020101	BEG DATE	Dates of Oper: From (CCYYMMDD)
AD	P020102	END DATE	Dates of Oper: Thru (CCYYMMDD)

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Hospital Utilization 1999 Data File Specifications Field Descriptions and Code Definitions
AE	P020201	TYPE_CNTRL	Type of Control, Ownership Type Code Licensee (Hospital Ownership) Type 11 State 12 County 13 City 14 City/County 15 Hospital District 18 Nonprofit Corporation 19 Kaiser 20 Church 21 Other Nonprofit 22 University of California 23 For profit-individual 24 For profit-partnership 25 For profit-corporation 00 Unknown
AF	P020301	TYPE_SVC	Principal Type of Service Code Principal Type of Service 00 Unknown 10 General Medical/Surgical 11 Hospital Unit of an Institution 12 Long-term Care (SNIC) 13 Psychiatric 14 Tuberculosis & Other Respiratory Disease 15 Chemical Dependency (alcohol/drug) 16 Chronic Disease 17 Pediatric 18 Rehabilitation (Physical Rehabilitation) 19 Orthopedic or Pediatric Orthopedics 22 Developmentally Disabled 23 Other

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Hospital Utilization 1999 Data File Specifications Field Descriptions and Code Definitions
AG	P030101	HOSPICE_IND	Provided Hospice during reporting year (1 if Yes)
AH	P030201	HOSPICE_BED	Bed Classification Used for Hospice Code Bed Classification 1 General Acute Care (GAC) 2 Skilled Nursing Facility (SNF) 3 Intermediate Care Facility (ICF) 4 Combination
AI	P030501	CERT_MCAR_SN	Certified for Medicare: Skilled Nursing (1 if Yes)
AJ	P030502	CERT_MCAL_SN	Certified for Medi-Cal: Skilled Nursing (1 if Yes)
AK	P030503	CERT_MCAL_IC	Certified for Medi-Cal: Intermediate Care (1 if Yes)
AL	P030504	CERT_MCAL_ICDD	Certified for Medi-Cal: Intermediate Care/DD (1 if Yes)
AM	P030505	CERT_MCAL_SUB	Certified for Medi-Cal: Subacute (1 if Yes)
AN	P031101	DIS_LT_TOT	Discharges, LTC Total
AO	P031201	DIS_LT_<2WK	LTC Discharges Less Than 2 Weeks
AP	P031301	DIS_LT_2WK_<1MO	LTC Discharges 2 Weeks but Less Than 1 Month
AQ	P031401	DIS_LT_1-3MO	LTC Discharges 1 Month but Less Than 3 Months
AR	P031501	DIS_LT_3-6MO	LTC Discharges 3 To 6 Months
AS	P031601	DIS_LT_7-12MO	LTC Discharges 7 To 12 Months
AT	P031701	DIS_LT_1YR_<2YR	LTC Discharges 1 year but Less than 2 yrs
AU	P031801	DIS_LT_2YR_<3YR	LTC Discharges 2 Years but Less than 3 yrs
AV	P031901	DIS_LT_3YR_<5YR	LTC Discharges 3 Years but Less than 5 yrs
AW	P032001	DIS_LT_5YR_<7YR	LTC Discharges 5 Years but Less than 10
AX	P032101	DIS_LT_7YR_<10YR	LTC Discharges 7 Years but Less Than 10
AY	P032201	DIS_LT_>=10YR	LTC Discharges 10 Years or More
AZ	P034101	PT_AIDS-HIV	Patients Diagn. w/ AIDS, ARC or HIV Related
BA	P034201	ALZHMR_PROG	Alzheimers Disease Program (1 if Yes)
BB	P034301	PT_ALZHMR	Patients w/ Primary or Secondary Diag, Alzheimers
BC	P040101	CENS-PY_LT_SN-GEN	Census, Prior Year 12/31, Skilled Nursing (General)
BD	P040102	CENS-PY_IC-GEN	Census, Prior Year 12/31, Intermediate Care (General)
BE	P040103	CENS-PY_SN-MD	Census, Prior Year 12/31, Skilled Nursing-Mentally Disordered
BF	P040104	CENS-PY_IC-DD	Census, Prior Year 12/31, Intermediate Care-Dev. Disabled
BG	P040106	CENS-PY_TOT	Census, Prior Year on 12/31 Total
BH	P040201	ADM_LT_SN-GEN	Admissions, LTC Skilled Nursing-Gen
BI	P040202	ADM_LT_IC-GEN	Admissions, LTC Intermediate Care (General)
BJ	P040203	ADM_LT_SN-MD	Admissions, LTC Skilled Nursing Mentally Disordered
BK	P040204	ADM_LT_IC-DD	Admissions, LTC Intermediate Care-Dev. Disabled
BL	P040206	ADM_LT_TOT	Admissions, LTC Total
BM	P040207	ADM_LT_HOME	Admitted LTC from Home

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Hospital Utilization 1999 Data File Specifications Field Descriptions and Code Definitions
BN	P040208	ADM_LT_HOSP	Admitted LTC from Hospital
BO	P040209	ADM_LT_ST-HOSP	Admitted LTC from State Hospital
BP	P040210	ADM_LT_OTHR-LTC	Admitted LTC from Other Long Term Care
BQ	P040211	ADM_LT_RESIDENT	Admitted LTC from Residential/Board & Care
BR	P040212	ADM_LT_OTHR	Admitted LTC from Other
BS	P040301	DIS_LT_SN-GEN	Discharges, LTC Skilled Nursing (General)
BT	P040302	DIS_LT_IC-GEN	Discharges, LTC Intermediate Care (General)
BU	P040303	DIS_LT_SN-MD	Discharges, LTC Skilled Nursing-Mentally Disordered
BV	P040304	DIS_LT_IC-DD	Discharges, LTC Intermediate Care-Developmentally Disabled
BW	P040306	DIS_LT_TOT2	Discharges, LTC Total
BX	P040307	DIS_LT_HOME	Discharged LTC to Home
BY	P040308	DIS_LT_HOSP	Discharged LTC to Hospital
BZ	P040309	DIS_LT_ST-HOSP	Discharged LTC to StateHospital
CA	P040310	DIS_LT_OTHR-LTC	Discharged LTC to Other Long Term Care
CB	P040311	DIS_LT_RES_BDC	Discharged LTC to Residential/Board & Care
CC	P040312	DIS_LT_OTHR	Discharged LTC to Other
CD	P040313	DIS_LT_AWOL/AMA	Discharged LTC to AWOL/AMA
CE	P040314	DIS_LT_DEATH	Discharged LTC to Death
CF	P040401	CENS_LT_SN-GEN	Census LTC Skilled Nursing (General)
CG	P040402	CENS_LT_IC-GEN	Census LTC Intermediate Care (General)
CH	P040403	CENS_LT_SN-MD	Census LTC Skilled Nursing-Mentally Disordered
CI	P040404	CENS_LT_IC-DD	Census LTC Intermediate Care-Developmentally Disabled
CJ	P040406	CENS_LT_TOT	Census, Total LTC Patients on 12/31
CK	P040407	CENS_LT_MCAR	Census, LTC Medicare
CL	P040408	CENS_LT_MCAL	Census, LTC Medi-Cal
CM	P040409	CENS_LT_HMO	Census, LTC HMO
CN	P040410	CENS_LT_PVT_INS	Census, LTC Private Ins.
CO	P040411	CENS_LT_PVT_SELF-PAY	Census, LTC Private Pay
CP	P040414	CENS_LT_PVT_OTHR	Census, LTC Other
CQ	P040501	DAY_LT_SN-GEN	Days, LTC Patient Skilled Nursing (General)
CR	P040502	DAY_LT_IC-GEN	Days, LTC Patient Intermediate Care (General)
CS	P040503	DAY_LT_SN-MD	Days, LTC Patient Skilled Nursing-Mentally Disordered
CT	P040504	DAY_LT_IC-DD	Days, LTC Patient Intermediate Care-Developmentally Disabled
CU	P040506	DAY_LT_TOT	Days, LTC Total
CV	P040601	BED_LIC_LT_SN-GEN	Bed, Licensed LTC Skilled Nursing (General)
CW	P040602	BED_LIC_LT_IC-GEN	Bed, Licensed LTC Intermediate Care (General)
CX	P040603	BED_LIC_LT_SN-MD	Bed, Licensed LTC Skilled Nursing-Mentally Disordered
CY	P040604	BED_LIC_LT_IC-DD	Bed, Licensed LTC Intermediate Care-Developmentally Disabled

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Hospital Utilization 1999 Data File Specifications Field Descriptions and Code Definitions
CZ	P040606	BED_LIC_LT_TOT	Bed, Licensed LTC Total
DA	P040701	DAY_LICBED_LT_SN-GEN	Days, Licensed Bed LTC Skilled Nursing (General)
DB	P040702	DAY_LICBED_LT_IC-GEN	Days, Licensed Bed LTC Intermediate Care (General)
DC	P040703	DAY_LICBED_LT_SN-MD	Days, Licensed Bed LTC Skilled Nursing-Mentally Disordered
DD	P040704	DAY_LICBED_LT_IC-DD	Days, Licensed Bed LTC Intermediate Care-Developmentally Disabled
DE	P040706	DAY_LICBED_LT_TOT	Days, Licensed Bed LTC Total Licensed Bed
DF	P040801	BED_SWNG_LT_SN-GEN	Swing Beds, LTC Skilled Nursing (General)
DG	P040806	BED_SWNG_LT_TOT	Swing Beds, LTC Total
DH	P050101	CENS_LT_TOT2	Census, Total LTC Patient on 12/31
DI	P050201	M_CENS_LT_TOT	Male, LTC Total
DJ	P050301	F_CENS_LT_TOT	Female, LTC Total
DK	P050401	M_WHI_LT<45	Male, White, LTC Under 45 Years
DL	P050402	M_WHI_LT_45-54	Male, White, LTC 45-54 Years
DM	P050403	M_WHI_LT_55-64	Male, White, LTC 55-64 Years
DN	P050404	M_WHI_LT_65-74	Male, White, LTC 65-74 Years
DO	P050405	M_WHI_LT_75-84	Male, White, LTC 75-84 Years
DP	P050406	M_WHI_LT_85-94	Male, White, LTC 85-94 Years
DQ	P050407	M_WHI_LT_>=95	Male, White, LTC 95 Years and Older
DR	P050501	M_BLK_LT<45	Male, Black, LTC Under 45 Years
DS	P050502	M_BLK_LT_45-54	Male, Black, LTC 45-54 Years
DT	P050503	M_BLK_LT_55-64	Male, Black, LTC 55-64 Years
DU	P050504	M_BLK_LT_65-74	Male, Black, LTC 65-74 Years
DV	P050505	M_BLK_LT_75-84	Male, Black, LTC 75-84 Years
DW	P050506	M_BLK_LT_85-94	Male, Black, LTC 85-94 Years
DX	P050507	M_BLK_LT_>=95	Male, Black, LTC 95 Years and Older
DY	P050601	M_HIS_LT<45	Male, Hispanic, LTC Under 45 Years
DZ	P050602	M_HIS_LT_45-54	Male, Hispanic, LTC 45-54 Years
EA	P050603	M_HIS_LT_55-64	Male, Hispanic, LTC 55-64 Years
EB	P050604	M_HIS_LT_65-74	Male, Hispanic, LTC 65-74 Years
EC	P050605	M_HIS_LT_75-84	Male, Hispanic, LTC 75-84 Years
ED	P050606	M_HIS_LT_85-94	Male, Hispanic, LTC 85-94 Years
EE	P050607	M_HIS_LT_>=95	Male, Hispanic, LTC 95 Years and Older
EF	P050701	M_ASI_LT_<45	Male, Asian, LTC Under 45 Years
EG	P050702	M_ASI_LT_45-54	Male, Asian, LTC 45-54 Years
EH	P050703	M_ASI_LT_55-64	Male, Asian, LTC 55-64 Years
EI	P050704	M_ASI_LT_65-74	Male, Asian, LTC 65-74 Years
EJ	P050705	M_ASI_LT_75-84	Male, Asian, LTC 75-84 Years
EK	P050706	M_ASI_LT_85-94	Male, Asian, LTC 85-94 Years

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Hospital Utilization 1999 Data File Specifications Field Descriptions and Code Definitions
EL	P050707	M_ASI_LT_>=95	Male, Asian, LTC 95 Years and Older
EM	P050801	M_FIL_LT_<45	Male, Filipino, LTC Under 45
EN	P050802	M_FIL_LT_45-54	Male, Filipino, LTC 45-54 Years
EO	P050803	M_FIL_LT_55-64	Male, Filipino, LTC 55-64 Years
EP	P050804	M_FIL_LT_65-74	Male, Filipino, LTC 65-74 Years
EQ	P050805	M_FIL_LT_75-84	Male, Filipino, LTC 75-84 Years
ER	P050806	M_FIL_LT_85-94	Male, Filipino, LTC 85-94 Years
ES	P050807	M_FIL_LT_>=95	Male, Filipino, LTC 95 Years and Older
ET	P050901	M_PAI_LT_<45	Male, Pacific Islander, LTC Under 45 Years
EU	P050902	M_PAI_LT_45-54	Male, Pacific Islander, LTC 45-54 Years
EV	P050903	M_PAI_LT_55-64	Male, Pacific Islander, LTC 55-64 Years
EW	P050904	M_PAI_LT_65-74	Male, Pacific Islander, LTC 65-74 Years
EX	P050905	M_PAI_LT_75-84	Male, Pacific Islander, LTC 75-84 Years
EY	P050906	M_PAI_LT_85-94	Male, Pacific Islander, LTC 85-94 Years
EZ	P050907	M_PAI_LT_>=95	Male, Pacific Islander, LTC 95 Years and Older
FA	P051001	M_NAM_LT_<45	Male, Native American, LTC Under 45 Years
FB	P051002	M_NAM_LT_45-54	Male, Native American, LTC 45-54 Years
FC	P051003	M_NAM_LT_55-64	Male, Native American, LTC 55-64 Years
FD	P051004	M_NAM_LT_65-74	Male, Native American, LTC 65-74 Years
FE	P051005	M_NAM_LT_75-84	Male, Native American, LTC 75-84 Years
FF	P051006	M_NAM_LT_85-94	Male, Native American, LTC 85-94 Years
FG	P051007	M_NAM_LT_>=95	Male, Native American, LTC 95 Years and Older
FH	P051101	M_OTH_LT_<45	Male, Other, LTC Under 45 Years
FI	P051102	M_OTH_LT_45-54	Male, Other, LTC 45-54 Years
FJ	P051103	M_OTH_LT_55-64	Male, Other, LTC 55-64 Years
FK	P051104	M_OTH_LT_65-74	Male, Other, LTC 65-74 Years
FL	P051105	M_OTH_LT_75-84	Male, Other, LTC 75-84 Years
FM	P051106	M_OTH_LT_85-94	Male, Other, LTC 85-94 Years
FN	P051107	M_OTH_LT_>=95	Male, Other, LTC 95 Years and Older
FO	P051201	M_TOT_LT_<45	Male, Total, LTC Under 45 Years
FP	P051202	M_TOT_LT_45-54	Male, Total, LTC 45-54 Years
FQ	P051203	M_TOT_LT_55-64	Male, Total, LTC 55-64 Years
FR	P051204	M_TOT_LT_65-74	Male, Total, LTC 65-74 Years
FS	P051205	M_TOT_LT_75-84	Male, Total, LTC 75-84, Years
FT	P051206	M_TOT_LT_85-94	Male, Total, LTC 85-94 Years
FU	P051207	M_TOT_LT_>=95	Male, Total, LTC 95 Years and Older
FV	P051301	F_WHI_LT_<45	Female, White, LTC Under 45 Years
FW	P051302	F_WHI_LT_45-54	Female, White, LTC 45-54 Years

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Hospital Utilization 1999 Data File Specifications Field Descriptions and Code Definitions
FX	P051303	F_WHI_LT_55-64	Female, White, LTC 55-64 Years
FY	P051304	F_WHI_LT_65-74	Female, White, LTC 65-74 Years
FZ	P051305	F_WHI_LT_75-84	Female, White, LTC 75-84 Years
GA	P051306	F_WHI_LT_85-94	Female, White, LTC 85-94 Years
GB	P051307	F_WHI_LT_>=95	Female, White, LTC 95 Years and Older
GC	P051401	F_BLK_LT_<45	Female, Black, LTC Under 45 Years
GD	P051402	F_BLK_LT_45-54	Female, Black, LTC 45-54 Years
GE	P051403	F_BLK_LT_55-64	Female, Black, LTC 55-64 Years
GF	P051404	F_BLK_LT_65-74	Female, Black, LTC 65-74 Years
GG	P051405	F_BLK_LT_75-84	Female, Black, LTC 75-84 Years
GH	P051406	F_BLK_LT_85-94	Female, Black, LTC 85-94 Years
GI	P051407	F_BLK_LT_>=95	Female, Black, LTC 95 Years and Older
GJ	P051501	F_HIS_LT_<45	Female, Hispanic, LTC Under 45 Years
GK	P051502	F_HIS_LT_45-54	Female, Hispanic, LTC 45-54 Years
GL	P051503	F_HIS_LT_55-64	Female, Hispanic, LTC 55-64 Years
GM	P051504	F_HIS_LT_65-74	Female, Hispanic, LTC 65-74 Years
GN	P051505	F_HIS_LT_75-84	Female, Hispanic, LTC 75-84 Years
GO	P051506	F_HIS_LT_85-94	Female, Hispanic, LTC 85-94 Years
GP	P051507	F_HIS_LT_>=95	Female, Hispanic, LTC 95 Years and Older
GQ	P051601	F_ASI_LT_<45	Female, Asian, LTC Under 45 Years
GR	P051602	F_ASI_LT_45-54	Female, Asian, LTC 45-54 Years
GS	P051603	F_ASI_LT_55-64	Female, Asian, LTC 55-64 Years
GT	P051604	F_ASI_LT_65-74	Female, Asian, LTC 65-74 Years
GU	P051605	F_ASI_LT_75-84	Female, Asian, LTC 75-84 Years
GV	P051606	F_ASI_LT_85-94	Female, Asian, LTC 85-94 Years
GW	P051607	F_ASI_LT_>=95	Female, Asian, LTC 95 Years and Older
GX	P051701	F_FIL_LT_<45	Female, Filipino, LTC Under 45
GY	P051702	F_FIL_LT_45-54	Female, Filipino, LTC 45-54 Years
GZ	P051703	F_FIL_LT_55-64	Female, Filipino, LTC 55-64 Years
HA	P051704	F_FIL_LT_65-74	Female, Filipino, LTC 65-74 Years
HB	P051705	F_FIL_LT_75-84	Female, Filipino, LTC 75-84 Years
HC	P051706	F_FIL_LT_85-94	Female, Filipino, LTC 85-94 Years
HD	P051707	F_FIL_LT_>=95	Female, Filipino, LTC 95 Years and Older
HE	P051801	F_PA_I LT_<45	Female, Pacific Islander, LTC Under 45 Years
HF	P051802	F_PA_I LT_45-54	Female, Pacific Islander, LTC 45-54 Years
HG	P051803	F_PA_I LT_55-64	Female, Pacific Islander, LTC 55-64 Years
HH	P051804	F_PA_I LT_65-74	Female, Pacific Islander, LTC 65-74 Years
HI	P051805	F_PA_I LT_75-84	Female, Pacific Islander, LTC 75-84 Years

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HJ	P051806	F_PAI_LT_85-94	Female, Pacific Islander, LTC 85-94 Years
HK	P051807	F_PAI_LT_>=95	Female, Pacific Islander, LTC 95 Years and Older
HL	P051901	F_NAM_LT_<45	Female, Native American, LTC Under 45 Years
HM	P051902	F_NAM_LT_45-54	Female, Native American, LTC 45-54 Years
HN	P051903	F_NAM_LT_55-64	Female, Native American, LTC 55-64 Years
HO	P051904	F_NAM_LT_65-74	Female, Native American, LTC 65-74 Years
HP	P051905	F_NAM_LT_75-84	Female, Native American, LTC 75-84 Years
HQ	P051906	F_NAM_LT_85-94	Female, Native American, LTC 85-94 Years
HR	P051907	F_NAM_LT_>=95	Female, Native American, LTC 95 Years and Older
HS	P052001	F_OTH_LT_<45	Female, Other, LTC Under 45 Years
HT	P052002	F_OTH_LT_45-54	Female, Other, LTC 45-54 Years
HU	P052003	F_OTH_LT_55-64	Female, Other, LTC 55-64 Years
HV	P052004	F_OTH_LT_65-74	Female, Other, LTC 65-74 Years
HW	P052005	F_OTH_LT_75-84	Female, Other, LTC 75-84 Years
HX	P052006	F_OTH_LT_85-94	Female, Other, LTC 85-94 Years
HY	P052007	F_OTH_LT_>=95	Female, Other, LTC 95 Years and Older
HZ	P052101	F_TOT_LT_<45	Female, Total, LTC Under 45 Years
IA	P052102	F_TOT_LT_45-54	Female, Total, LTC 45-54 Years
IB	P052103	F_TOT_LT_55-64	Female, Total, LTC 55-64 Years
IC	P052104	F_TOT_LT_65-74	Female, Total, LTC 65-74 Years
ID	P052105	F_TOT_LT_75-84	Female, Total, LTC 75-84, Years
IE	P052106	F_TOT_LT_85-94	Female, Total, LTC 85-94 Years
IF	P052107	F_TOT_LT_>=95	Female, Total, LTC 95 Years and Older

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DATA FILE TWO			
A	OSHDP_ID	OSHDP_ID	OSHDP Facility Number (9 digits & repeat of Field 1)
B	P060101	BED_SUB	Beds, SubAcute
C	P060201	CENS_SUB_<=20	Census, Subacute 12/31, 20 Yr & Under
D	P060202	CENS_SUB_>=21	Census, Subacute 12/31, 21 Yr & Older
E	P060301	ADM_SUB_<=20	Admissions, Subacute 12/31, 20 Yr & Under
F	P060302	ADM_SUB_>=21	Admissions, Subacute 12/31, 21 Yr & Older
G	P060401	DIS_SUB_<=20	Discharges, Subacute 12/31, 20 Yr & Under
H	P060402	DIS_SUB_>=21	Discharges, Subacute 12/31, 21 Yr & Older
I	P060501	DAY_SUB_<=20	Days, Subacute 12/31, 20 Yr & Under
J	P060502	DAY_SUB_>=21	Days, Subacute 12/31, 21 Yr & Older
K	P061001	ADM_SUB_HOME_<=20	Admissions, Subacute f/Home, 20 Yr & Under
L	P061002	ADM_SUB_HOME_>=21	Admissions, Subacute f/Home, 21 Yr & Older
M	P061101	ADM_SUB_ST-HOSP_<=20	Admissions, Subacute f/State hosp, 20 Yr & Under
N	P061102	ADM_SUB_ST-HOSP_>=21	Admissions, Subacute f/State hosp, 21 Yr & Older
O	P061201	ADM_SUB_RESIDNT_<=20	Admissions, Subacute f/Residential B&C, 20 Yr & Under
P	P061202	ADM_SUB_RESIDNT_>=21	Admissions, Subacute f/Residential B&C, 21 Yr & Older
Q	P061301	ADM_SUB_HOSP_<=20	Admissions, Subacute f/Hospital, 20 Yr & Under
R	P061302	ADM_SUB_HOSP_>=21	Admissions, Subacute f/Hospital, 21 Yr & Older
S	P061401	ADM_SUB_LTC_<=20	Admissions, Subacute f/Other LTC, 20 Yr & Under
T	P061402	ADM_SUB_LTC_>=21	Admissions, Subacute f/Other LTC, 21 Yr & Older
U	P061501	ADM_SUB_OTHR_<=20	Admissions, Subacute f/Other, 20 Yr & Under
V	P061502	ADM_SUB_OTHR_>=21	Admissions, Subacute f/Other, 21 Yr & Older
W	P062001	DIS_SUB_HOME_<=20	Discharges, Subacute to Home, 20 Yr & Under
X	P062002	DIS_SUB_HOME_>=21	Discharges, Subacute to Home, 21 Yr & Older
Y	P062101	DIS_SUB_ST-HOSP_<=20	Discharges, Subacute to State hosp, 20 Yr & Under
Z	P062102	DIS_SUB_ST-HOSP_>=21	Discharges, Subacute to State hosp, 21 Yr & Older
AA	P062201	DIS_SUB_RESIDNT_<=20	Discharges, Subacute to Residential B&C, 20 Yr & Under
AB	P062202	DIS_SUB_RESIDNT_>=21	Discharges, Subacute to Residential B&C, 21 Yr & Older
AC	P062301	DIS_SUB_HOSP_<=20	Discharges, Subacute to Hospital, 20 Yr & Under
AD	P062302	DIS_SUB_HOSP_>=21	Discharges, Subacute to Hospital, 21 Yr & Older
AE	P062401	DIS_SUB_LTC_<=20	Discharges, Subacute to Other LTC, 20 Yr & Under
AF	P062402	DIS_SUB_LTC_>=21	Discharges, Subacute to Other LTC, 21 Yr & Older
AG	P062501	DIS_SUB_OTHR_<=20	Discharges, Subacute to Other, 20 Yr & Under
AH	P062502	DIS_SUB_OTHR_>=21	Discharges, Subacute to Other, 21 Yr & Older
AI	P062601	DIS_SUB_DEATH_<=20	Discharges, Subacute to Death, 20 Yr & Under
AJ	P062602	DIS_SUB_DEATH_>=21	Discharges, Subacute to Death, 21 Yr & Older
AK	P063101	PT_SUB_TRACH_WVENT_<=20	Patient, Subacute Tracheostomy w/Ventilator 20 Yr & Under

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AL	P063102	PT_SUB_TRACH_WVENT_>=21	Patient, Subacute Tracheostomy w/Ventilator 20 Yr & Over
AM	P063201	PT_SUB_TRACH_WOVENT_<=20	Patient, Subacute Tracheostomy w/o Ventilator 20 Yr & Under
AN	P063202	PT_SUB_TRACH_WOVENT_>=21	Patient, Subacute Tracheostomy w/o Ventilator 20 Yr & Over
AO	P063301	PT_SUB_TUBEFEED_<=20	Patient, Subacute Tube Feeding 20 Yr & Under
AP	P063302	PT_SUB_TUBEFEED_>=21	Patient, Subacute Tube Feeding 20 Yr & Over
AQ	P063401	PT_SUB_TPN_<=20	Patient, Subacute Total Parenteral Nutrition 20 Yr & Under
AR	P063402	PT_SUB_TPN_>=21	Patient, Subacute Total Parenteral Nutrition 20 Yr & Over
AS	P063501	PT_SUB_PHY_THER_<=20	Patient, Subacute Physical Therapy 20 Yr & Under
AT	P063502	PT_SUB_PHY_THER_>=21	Patient, Subacute Physical Therapy 20 Yr & Over
AU	P063601	PT_SUB_SPE_THER_<=20	Patient, Subacute Speech Therapy 20 Yr & Under
AV	P063602	PT_SUB_SPE_THER_>=21	Patient, Subacute Speech Therapy 20 Yr & Over
AW	P063701	PT_SUB_OCC_THER_<=20	Patient, Subacute Occupational Therapy 20 Yr & Under
AX	P063702	PT_SUB_OCC_THER_>=21	Patient, Subacute Occupational Therapy 20 Yr & Over
AY	P063801	PT_SUB_IV_THER_<=20	Patient, Subacute IV Therapy 20 Yr & Under
AZ	P063802	PT_SUB_IV_THER_>=21	Patient, Subacute IV Therapy 20 Yr & Over
BA	P063901	PT_SUB_WOUND_CR<=20	Patient, Subacute Wound Care 20 Yr & Under
BB	P063902	PT_SUB_WOUND_CR_>=21	Patient, Subacute Wound Care 20 Yr & Over
BC	P064001	PT_SUB_DIALYS_<=20	Patient, Subacute Peritoneal Dialysis 20 Yr & Under
BD	P064002	PT_SUB_DIALYS_>=21	Patient, Subacute Peritoneal Dialysis 20 Yr & Over
BE	P070101	CENS_PSY_TOT	Census, Acute Psychiatric, Total
BF	P070201	CENS_PSY_LCK	Census, Acute Psychiatric, Locked
BG	P070301	CENS_PSY_OPN	Census, Acute Psychiatric, Open
BH	P070601	CENS_PSY_TOT	Census, Acute Psychiatric, Total
BI	P070701	CENS_PSY_<=17	Census, Acute Psychiatric 12/31, 17 Years Old and Under
BJ	P070801	CENS_PSY_18-64	Census, Acute Psychiatric 12/31, 18 - 64 Years
BK	P070901	CENS_PSY_>=65	Census, Acute Psychiatric 12/31, 65 Years and Older
BL	P071501	CENS_CHEM_PSY	Census, Chem Dep Recovry Svc Using Lic. Psychiatric Beds on 12/31
BM	P071502	DIS_CHEM_PSY	Discharges, Chemical Dependency Recovery (1/1-12/31)
BN	P071503	DAY_CHEM_PSY	Days, Chemical Dependency Recovery
BO	P071504	BED_CHEM_PSY_LIC	Beds, on License (Psychiatric Beds approved for CDRS)
BP	P072001	CENS_PSY_TOT	Census, Acute Psychiatric, Total
BQ	P072101	CENS_PSY_MCAR	Census, Acute Psychiatric Medicare
BR	P072201	CENS_PSY_MCAL	Census, Acute Psychiatric Medi-Cal
BS	P072301	CENS_PSY_SHDOYL	Census, Acute Psychiatric Short Doyle (includes Short-Doyle Medi-Cal)
BT	P072401	CENS_PSY_HMO	Census, Acute Psychiatric HMO
BU	P072501	CENS_PSY_THIRDPY	Census, Acute Psychiatric Other Third Party Payment
BV	P072601	CENS_PSY_PVTPAY	Census, Acute Psychiatric Private Pay
BW	P072701	CENS_PSY_OTHR	Census, Acute Psychiatric Other

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Hospital Utilization 1999 Data File Specifications Field Descriptions and Code Definitions
BX	P073001	SHDOYL_PSY_PROG	Program, Acute Psychiatric Under Short Doyle contract (1=Y, 2=N)
BY	P080101	MED-SURG_CENS	Census, Medical-Surgical on 12/31
BZ	P080102	MED-SURG_BED_LIC	Licensed beds in Medical-Surgical
CA	P080103	MED-SURG_DIS	Discharges, Medical-Surgical
CB	P080105	MED-SURG_DAY	Days, Medical-Surgical Days
CC	P080106	MED-SURG_LICBED_DAY	Days, Licensed bed in Medical-Surgical
CD	P080201	PERINATL_CENS	Census, Perinatal on 12/31
CE	P080202	PERINATL_BED_LIC	Licensed beds in Perinatal
CF	P080203	PERINATL_DIS	Discharges, Perinatal
CG	P080205	PERINATL_DAY	Days, Perinatal Days
CH	P080206	PERINATL_LICBED_DAY	Days, Licensed bed in Perinatal
CI	P080301	PED_CENS	Census, Pediatric on 12/31
CJ	P080302	PED_BED_LIC	Licensed beds in Pediatric
CK	P080303	PED_DIS	Discharges, Pediatric
CL	P080305	PED_DAY	Days, Pediatric
CM	P080306	PED_LICBED_DAY	Days, Licensed bed in Pediatric
CN	P080401	ICU_CENS	Census, Intensive Care Unit on 12/31
CO	P080402	ICU_BED_LIC	Licensed beds in Intensive Care Unit
CP	P080403	ICU_DIS	Discharges, Intensive Care Unit
CQ	P080404	ICU_TFR_INHOSP	Interhospital transfer from ICU
CR	P080405	ICU_DAY	Days, Intensive Care Unit
CS	P080406	ICU_LICBED_DAY	Days, Licensed bed in Intensive Care Unit
CT	P080501	CCU_CENS	Census, Coronary Care Unit on 12/31
CU	P080502	CCU_BED_LIC	Licensed beds in Coronary Care Unit
CV	P080503	CCU_DIS	Discharges, Coronary Care Unit
CW	P080504	CCU_TFR_INHOSP	Interhospital transfer from Coronary Care Unit
CX	P080505	CCU_DAY	Days, Coronary Care Unit
CY	P080506	CCU_LICBED_DAY	Days, Licensed bed in Coronary Care Unit
CZ	P080601	RESP_CENS	Census, Respiratory Intensive Care Unit on 12/31
DA	P080602	RESP_BED_LIC	Licensed beds in Respiratory Intensive Care Unit
DB	P080603	RESP_DIS	Discharges, Respiratory Intensive Care Unit
DC	P080604	RESP_TFR_INHOSP	Interhospital transfer from Respiratory Care Unit
DD	P080605	RESP_DAY	Days, Respiratory Intensive Care Unit
DE	P080606	RESP_LICBED_DAY	Days, Licensed bed in Respiratory Intensive Care Unit
DF	P080701	BURN_CENS	Census, Burn Center on 12/31
DG	P080702	BURN_BED_LIC	Licensed beds in Burn Center
DH	P080703	BURN_DIS	Discharges, Burn Center
DI	P080704	BURN_TFR_INHOSP	Interhospital transfer from Burn Center

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DJ	P080705	BURN_DAY	Days, Burn Center
DK	P080706	BURN_LICBED_DAY	Days, Licensed bed in Burn Center
DL	P080801	NICU_CENS	Census, Neonatal Intensive Care Unit on 12/31
DM	P080802	NICU_BED_LIC	Licensed beds in Neonatal Intensive Care Unit
DN	P080803	NICU_DIS	Discharges, Neonatal Intensive Care Unit
DO	P080804	NICU_TFR_INHOSP	Interhospital transfer from Neonatal Intensive Care Unit
DP	P080805	NICU_DAY	Days, Neonatal Intensive Care Unit
DQ	P080806	NICU_LICBED_DAY	Days, Licensed bed in Neonatal Intensive Care Unit
DR	P081001	REHAB_CENS	Census, Rehabilitation Center on 12/31
DS	P081002	REHAB_BED_LIC	Licensed beds in Rehabilitation Center
DT	P081003	REHAB_DIS	Discharges, Rehabilitation Center
DU	P081005	REHAB_DAY	Days, Rehabilitation Center
DV	P081006	REHAB_LICBED_DAY	Days, Licensed bed in Rehabilitation Center
DW	P081601	GAC_S-TOT_CENS	Census, General Acute Care on 12/31, Sub-total
DX	P081602	GAC_BED_LIC	Licensed beds in General Acute Care
DY	P081603	GAC_DIS	Discharges, General Acute Care
DZ	P081605	GAC_DAY	Days, General Acute Care
EA	P081606	GAC_LICBED_DAY	Days, Licensed bed in General Acute Care
EB	P081801	CHEM_CENS	Census, Chemical Dependency Recovery on 12/31
EC	P081802	CHEM_BED_LIC	Licensed beds in Chemical Dependency Recovery
ED	P081803	CHEM_DIS	Discharges, Chemical Dependency Recovery
EE	P081805	CHEM_DAY	Days, Chemical Dependency Recovery
EF	P081806	CHEM_LICBED_DAY	Days, Licensed bed in Chemical Dependency Recovery
EG	P082001	PSY_CENS	Census, Acute Psychiatric on 12/31
EH	P082002	PSY_BED_LIC	Licensed beds in Acute Psychiatric
EI	P082003	PSY_DIS	Discharges, Acute Psychiatric
EJ	P082005	PSY_DAY	Days, Acute Psychiatric
EK	P082006	PSY_LICBED_DAY	Days, Licensed bed in Acute Psychiatric
EL	P082501	SN_CENS	Census, Skilled Nursing on 12/31
EM	P082502	SN_BED_LIC	Licensed beds in Skilled Nursing
EN	P082503	SN_DIS	Discharges, Skilled Nursing
EO	P082505	SN_DAY	Days, Skilled Nursing
EP	P082506	SN_LICBED_DAY	Days, Licensed bed in Skilled Nursing
EQ	P083001	IC_CENS	Census, Intermediate Care on 12/31
ER	P083002	IC_BED_LIC	Licensed beds in Intermediate Care
ES	P083003	IC_DIS	Discharges, Intermediate Care
ET	P083005	IC_DAY	Days, Intermediate Care
EU	P083006	IC_LICBED_DAY	Days, Licensed bed in Intermediate Care

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EV	P084001	CENS_TOT	Census, Total on 12/31
EW	P084002	BED_LIC_TOT	Licensed beds, Total
EX	P084003	DIS_TOT	Discharges, Total
EY	P084005	DAY_TOT	Days, Total
EZ	P084006	LICBED_DAY_TOT	Days, Licensed bed, Total
FA	P084501	CHEM_GAC_CENS	Census, Chem Dep Recovry Svc Using Lic. GAC Beds on 12/31
FB	P084502	CHEM_GAC_DIS	Discharges, Total Chem Depend Recovry Svc Using Lic. GAC Beds
FC	P084503	CHEM_GAC_DAY_BED_LIC	Days, Licensed bed, in Chem Depend Recovry Svc Using Lic. GAC Beds
FD	P084504	CHEM_GAC_BED_LIC	Licensed GAC Beds being used for Chem Depend Recovry Svc
FE	P090301	LIC_CVSURG_CATH	Cardio-vascular surg/cathet. Lab licensed, 0=no; 1=cath only; 2=CV and Cath
FF	P091001	OP_RM_CVSUR_ECBPASS	Operating Rooms equipped for ECBPASS on 12/31
FG	P091101	CVSURG_ECBPASS_PED	Cardiac Surgeries with Extracorp. Bypass-Pediatric
FH	P091201	CVSURG_ECBPASS_ADLT	Cardiac Surgeries with Extracorp. Bypass-Adult
FI	P091301	CVSURG_ECBPASS_TOT	Cardiac Surgeries with Extracorp. Bypass-Total
FJ	P092001	ROOM_CARD_CATH	Rooms Equipped for Catheterizations on 12/31
FK	P092301	CATH_PED_DX	Catheterizations, Diagnostic Total, Pediatric
FL	P092302	CATH_PED_THER	Catheterizations, Therapeutic Total, Pediatric
FM	P092401	CATH_ADULT_DX	Catheterizations, Diagnostic Total, Adult
FN	P092402	CATH_ADULT_THER	Catheterizations, Therapeutic Total, Adult
FO	P092501	CATH_DX_TOT	Catheterizations, Diagnostic Total
FP	P092502	CATH_THER_TOT	Catheterizations, Therapeutic Total
FQ	P092601	PACEMKR_IMPL	Permanent Pacemaker Implantations
FR	P092701	PTCA_ANGIOPLASTY	Percutaneous Transluminal Coronary Angioplasty
FS	P092801	PTBV_BALLOON	Percutaneous Transluminal Balloon Valve
FT	P092901	THROMBO_AGT	Thrombolytic Agents
FU	P093001	CATH_OTHR	Catheterizations, Other
FV	P093101	CATH_TOT	Catheterizations, Total
FW	P100601	BIRTHS_TOT	Live Births, Total (multiple births counted separately)
FX	P100701	BIRTHS_<2.5KG	Live Births, with Weight under 2500 grams
FY	P100801	BIRTHS_<1.5KG	Live Births, with Weight under 1500 grams
FZ	P101101	ABC_PROG	Alternate Birthing Center Program (1 if Yes)
GA	P101201	ABC_LDR	Alternate Birthing Center w/stay < 24 hrs., unlic. beds
GB	P101202	ABC_LDRP	Alternate Birthing Center w/stay > 24 hrs., lic. beds
GC	P101301	BIRTHS_ABC	Live Births Occurring in Alternative Birth Setting
GD	P101401	BIRTHS_C-SEC	Live Births Cesarean Section Delivery
GE	P101501	DAY_NURSTRY	Newborn nursery days
GF	P110101	SURG_IP	Surgical Operations, Inpatient
GG	P110102	OP_MIN_IP	Operating Room (Anesthesia) Minutes-Inpatient

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GH	P110201	SURG_OP	Surgical Operations, Outpatient
GI	P110202	OP_MIN_OP	Operating Room (Anesthesia) Minutes-Outpatient
GJ	P110501	AMB_SURG_PROG	Ambulatory Surgical Program (1 if Yes)
GK	P111001	OP_ROOM	Operating Rooms in Surgical Suites
GL	P111101	OP_ROOM_OP	Operating Rooms, exclusively Outpatient Surgery
GM	P111201	OP_ROOM_IPOP	Operating Rooms, Inpatient and Outpatient Surgery
GN	P111301	OP_ROOM_IP	Operating Rooms, exclusively Inpatient Surgery
GO	P120101	PROG_RAD_THER	Radiation Therapy Program (1=yes, 2=no)
GP	P120201	PROG_RAD_THER_12-31	Licensed Radiation Therapy Svc on 12/31 (1=yes, 2=no)
GQ	P121001	MV1_TYPE	Megavoltage Machine 1, Type
GR	P121002	MV1_YEAR	Megavoltage 1 Yr Operational in Hospital
GS	P121003	MV1_DAY	Megavoltage 1 Total Machine Days in Operation
GT	P121004	MV1_VIS	Megavoltage 1 Number of Treatment Visits
GU	P121005	MV1_PHOT_MAX	Megavoltage 1 Linear Accelerator: Photon Mode
GV	P121006	MV1_ELEC_MAX	Megavoltage 1 Linear Accelerator: Electron Mode
GW	P121101	MV2_TYPE	Megavoltage Machine 2, Type
GX	P121102	MV2_YEAR	Megavoltage 2 Yr Operational in Hospital
GY	P121103	MV2_DAY	Megavoltage 2 Total Machine Days in Operation
GZ	P121104	MV2_VIS	Megavoltage 2 Number of Treatment Visits
HA	P121105	MV2_PHOT_MAX	Megavoltage 2 Linear Accelerator: Photon Mode
HB	P121106	MV2_ELEC_MAX	Megavoltage 2 Linear Accelerator: Electron Mode
HC	P121201	MV3_TYPE	Megavoltage Machine 3, Type
HD	P121202	MV3_YEAR	Megavoltage 3 Yr Operational in Hospital
HE	P121203	MV3_DAY	Megavoltage 3 Total Machine Days in Operation
HF	P121204	MV3_VIS	Megavoltage 3 Number of Treatment Visits
HG	P121205	MV3_PHOT_MAX	Megavoltage 3 Linear Accelerator: Photon Mode
HH	P121206	MV3_ELEC_MAX	Megavoltage 3 Linear Accelerator: Electron Mode
HI	P121301	MV4_TYPE	Megavoltage Machine 4, Type
HJ	P121302	MV4_YEAR	Megavoltage 4 Yr Operational in Hospital
HK	P121303	MV4_DAY	Megavoltage 4 Total Machine Days in Operation
HL	P121304	MV4_VIS	Megavoltage 4 Number of Treatment Visits
HM	P121305	MV4_PHOT_MAX	Megavoltage 4 Linear Accelerator: Photon Mode
HN	P121306	MV4_ELEC_MAX	Megavoltage 4 Linear Accelerator: Electron Mode
HO	P121401	MV5_TYPE	Megavoltage Machine 5, Type
HP	P121402	MV5_YEAR	Megavoltage 5 Yr Operational in Hospital
HQ	P121403	MV5_DAY	Megavoltage 5 Total Machine Days in Operation
HR	P121404	MV5_VIS	Megavoltage 5 Number of Treatment Visits
HS	P121405	MV5_PHOT_MAX	Megavoltage 5 Linear Accelerator: Photon Mode

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HT	P121406	MV5_ELEC_MAX	Megavoltage 5 Linear Accelerator: Electron Mode
HU	P121501	MV6_TYPE	Megavoltage Machine 6, Type
HV	P121502	MV6_YEAR	Megavoltage 6 Yr Operational in Hospital
HW	P121503	MV6_DAY	Megavoltage 6 Total Machine Days in Operation
HX	P121504	MV6_VIS	Megavoltage 6 Number of Treatment Visits
HY	P121505	MV6_PHOT_MAX	Megavoltage 6 Linear Accelerator: Photon Mode
HZ	P121506	MV6_ELEC_MAX	Megavoltage 6 Linear Accelerator: Electron Mode
IA	P121601	MV7_TYPE	Megavoltage Machine 7, Type
IB	P121602	MV7_YEAR	Megavoltage 7 Yr Operational in Hospital
IC	P121603	MV7_DAY	Megavoltage 7 Total Machine Days in Operation
ID	P121604	MV7_VIS	Megavoltage 7 Number of Treatment Visits
IE	P121605	MV7_PHOT_MAX	Megavoltage 7 Linear Accelerator: Photon Mode
IF	P121606	MV7_ELEC_MAX	Megavoltage 7 Linear Accelerator: Electron Mode
IG	P122101	EMS_LEVELC1-1_LIC	Emergency Medical Services - Licensed level on 1/1 Code Level 0 No EMS and NOT a GAC hospital (e.g., Psych, Chem. Dependency) 1 No EMS (licensed General Acute Care Hospital) 2 Standby EMS 3 Basic EMS 4 Comprehensive EMS
IH	P122201	EMS_LEVELC12-31_LIC	Emergency Medical Services - Licensed level on 12/31 Code Level 0 No EMS and NOT a GAC hospital (e.g., Psych, Chem. Dependency) 1 No EMS (licensed General Acute Care Hospital) 2 Standby EMS 3 Basic EMS 4 Comprehensive EMS
II	P122601	EMS_STATION	Emerg Med Svcs, Patient Treatment Stations on 12/31
IJ	P122801	VIS_EMS	Emerg Med Svcs, Patient Visits
IK	P122901	VIS_EMS_NON-URG	Emerg Med Svcs, Non-Urgent EMS Visits
IL	P123001	VIS_EMS_URGNT	Emerg Med Svcs, Urgent EMS Visits
IM	P123101	VIS_EMS_CRIT	Emerg Med Svcs, Critical EMS Visits
IN	P123201	ADM_EMS_VIS	Emerg Med Svcs, EMS Visits Resulting in Admissions

Appendix A

California Counties

APPENDIX A

COUNTIES OF CALIFORNIA NAMES AND CODE NUMBERS

COUNTY		COUNTY		COUNTY	
<u>#</u>	<u>Name</u>	<u>#</u>	<u>Name</u>	<u>#</u>	<u>Name</u>
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine	21	Marin	41	San Mateo
03	Amador	22	Mariposa	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa	25	Modoc	45	Shasta
07	Contra Costa	26	Mono	46	Sierra
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas	52	Tehama
14	Inyo	33	Riverside	53	Trinity
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

Appendix B

Annual Utilization Report of Hospitals

(Blank copy of reporting form)

ANNUAL UTILIZATION REPORT OF HOSPITALS - 1999

STATE USE ONLY

Page 0, Line 1

STATUS 3 ____ CONSOL # 6 ____

Return **BY FEBRUARY 15, 2000** to:Office of Statewide Health Planning
and DevelopmentAccounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Rm. 400
Sacramento, CA 95814

Completion of the "Annual Utilization Report of Hospitals" is required by Section 127285 of the Health and Safety Code, and is a requirement for the licensure of your health facility pursuant to Section 70735 and 71533 of Title 22 of the California Code of Regulations. Failure to complete and file this report by February 15, may result in action against the hospital's license.

Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact the Office at (916) 322-7422 or (916) 323-7685.

"I declare the following under penalty of perjury: that I am the current administrator of this hospital, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this hospital and the records and logs are true and correct to the best of my information and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from our medical records and logs of the information requested."

 Administrator's Name (Please Print)

 Name
of person completing form and /or contact person for any
follow-up questions (Please Print)

 Administrator's Signature

 Print
Title and Department of Person Responsible for the Report

 Date

 ()
Area Code Phone Ext.

 3. ()
Code Phone

Area

 ()
Area Code FAX Number

COMPLETE PART A ONLY IF THE HOSPITAL WAS DELICENSED (CLOSED), WENT INTO SUSPENSE OR NEWLY LICENSED DURING THE REPORTING YEAR.

- A. DATES OF LICENSURE:** If the hospital was licensed on or after 1/1 or was delicensed (closed) or went into suspense on or before 12/31, enter the dates of operation on Line 1, Columns 1 and 2. Month = 01 through 12 and Day = 01 through 31.

Col. 1		Col. 2	
11. FROM		THROUGH	
Month	Day	Month	Day

COMPLETE PART B & C ONLY IF THE HOSPITAL WAS NEWLY LICENSED OR CHANGED LICENSEE/ OWNERSHIP DURING THE REPORTING YEAR.

- B. LICENSEE (OWNERSHIP) TYPE:**

From the list below, select the ONE category that best describes the type of licensee of your hospital and enter the number which appears next to that category. 2. _____

LICENSEE (OWNERSHIP) CODES		
NONPROFIT	FOR PROFIT	STATE/LOCAL GOVERNMENT
18 Nonprofit Corporation	23 Individual	11 State
19 Kaiser	24 Partnership	12 County
20 Church Related	25 Corporation	13 City
22 University of California		14 City/County
21 Other _____ Specify		15 Hospital District

- C. PRINCIPAL SERVICE TYPE:**

From the list below, select the ONE category that best describes the type of service provided to the majority of your patients and enter the number which appears next to that category. 3. _____

PRINCIPAL SERVICE CODES		
10 General Medical/Surgical	14 Tuberculosis and Other Respiratory Disease	18 Physical Rehabilitation
11 Hospital Unit of an Institution (e.g. Penal Institution, student health)	15 Chemical Dependency (Alcohol/Drug)	19 Orthopedic or Pediatric Ortho
12 Long Term Care (SN/IC)	16 Chronic Disease	22 Developmentally Disabled
13 Psychiatric	17 Pediatric	23 Other _____ (Specify)

A. HOSPICE PROGRAM

Enter the number 1 if the hospital offered a hospice program during the calendar year?..... 1 ____
 (See definition of "hospice" in instructions)

If yes, what type of bed classification is used for this service?

1-General Acute Care, 2-SNF, 3-ICF, 4-Combination 2 ____

LONG-TERM CARE SERVICES
(SKILLED NURSING AND/OR INTERMEDIATE CARE (SN/IC))

B. CERTIFICATION(S):

From the certification categories below, place a check on those categories for which your hospital was certified or contracted during the year.

Medicare:	Medi-Cal:	Medi-Cal:	Medi-Cal:	Medi-Cal:
Skilled Nursing	Skilled Nursing	Intermediate Care	Intermediate Care/DD	Subacute
Line 5 (Col. 1) ____	(Col. 2) ____	(Col. 3) ____	(Col. 4) ____	(Col. 5) ____

C. Length of Time in Hospital--All long-term care patients discharged: (See definition of "discharge" in instruction booklet.)**TABLE A Discharged Long-term Care Patients by Length of Stay**

Time in Hospital	Line No.	Number of Patients
TOTAL LONG-TERM CARE DISCHARGES	11	*
Less than 2 weeks	12	
2 weeks less than 1 month	13	
1 month less than 3 months	14	
3 months less than 7 months	15	
7 months less than 12 months	16	
1 year less than 2	17	
2 years less than 3	18	
3 years less than 5	19	
5 years less than 7	20	
7 years less than 10	21	
10 years or more	22	

*Total discharges must be the same on page 4, line 3, column 6. (Table B)

D. SPECIAL PROGRAMS FOR HOSPITAL-BASED LONG-TERM CARE PATIENTS

During the calendar year, what was the number of patients diagnosed as having AIDS, ARC, prodromal AIDS or HIV related disease and illness (HTLV-III/LAV)?.....41 ____

Enter the number 1 if your hospital offered a specialized program for Alzheimer's patients?42 ____

During the calendar year, what was the number of patients who had a primary or secondary diagnosis of Alzheimer's Disease?.....43 ____

Long-term Care Services (Continued)

TABLE B – LONG TERM CARE INPATIENT UTILIZATION

COMPLETE LINES 1-4, COLUMNS 1-6, USING THE FOLLOWING:

$$(\text{Line 1}) + (\text{Line 2}) - (\text{Line 3}) = \text{Line 4}$$

Enter on Line 2, Col. 7-12, the number of LTC patients admitted from each place shown. The sum of line 2 (ADMISSIONS) columns 7-12 must equal the amount shown on line 2 column 6 (Total)

Enter on Line 3, Col. 7-14, the number of LTC patients discharged to each place shown. The sum of line 3 (DISCHARGES) columns 7-14 must equal the amount shown on line 3 column 6 (Total)

Enter on Line 4, Col. 7-14, the number of LTC patients in the hospital on December 31, 1999 whose principal source of payment was from the sources shown. The sum of line 4 (CENSUS) columns 7-14 must equal the amount shown on line 4 column 6 (Total)

		SN (Gen)	IC (Gen)	SN (MD)	IC (DD)	Total								
Dec. 31, 1998 Census	Ln. 1						Home	Hospital	State Hospital	Other LTC	Residential Bd & Care	Other		
(+) Admissions	Ln. 2												AWOL	Death
(-) Discharges	Ln. 3													
Dec. 31, 1999 Census	Ln. 4													
Patient Days	Ln. 5						7 Medicare	8 Medi-Cal	9 HMO	10 Private Ins.	11 Private Pay	12	13	14 Other
Licensed Beds	Ln. 6													
Licensed Bed Days	Ln. 7													
Swing Beds	Ln. 8													
	Cols.	1	2	3	4	6								

Please Refer to the Instructions

A. TOTAL NUMBER OF LTC INPATIENTS

1. Number of Inpatients in the Hospital on December 31 of the Reporting Year.....
2. Number of **Male** Inpatients on December 31 of the Reporting Year.....
3. Number of **Female** Inpatients on December 31 of the Reporting Year

B. RACE/ETHNICITY AND AGE OF MALE LTC PATIENTS ON DECEMBER 31.

Report These Patients by the Appropriate Age Groups:

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	<45	45-54	55-64	65-74	75-84	85-94	95+
4. White	_____	_____	_____	_____	_____	_____	_____
5. Black	_____	_____	_____	_____	_____	_____	_____
6. Hispanic	_____	_____	_____	_____	_____	_____	_____
7. Asian	_____	_____	_____	_____	_____	_____	_____
8. Filipino	_____	_____	_____	_____	_____	_____	_____
9. Pacific Islander	_____	_____	_____	_____	_____	_____	_____
10. Native American	_____	_____	_____	_____	_____	_____	_____
11. Other	_____	_____	_____	_____	_____	_____	_____
12. Total	_____	_____	_____	_____	_____	_____	_____

C. RACE/ETHNICITY AND AGE OF FEMALE LTC PATIENTS ON DECEMBER 31.

Report These Patients by the Appropriate Age Groups:

	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
	<45	45-54	55-64	65-74	75-84	85-94	95+
13. White	_____	_____	_____	_____	_____	_____	_____
14. Black	_____	_____	_____	_____	_____	_____	_____
15. Hispanic	_____	_____	_____	_____	_____	_____	_____
16. Asian	_____	_____	_____	_____	_____	_____	_____
17. Filipino	_____	_____	_____	_____	_____	_____	_____
18. Pacific Islander	_____	_____	_____	_____	_____	_____	_____
19. Native American	_____	_____	_____	_____	_____	_____	_____
20. Other	_____	_____	_____	_____	_____	_____	_____
21. Total	_____	_____	_____	_____	_____	_____	_____

A. MEDI-CAL SUBACUTE CARE PATIENTS1. Number of **Medi-Cal Subacute** Care Beds Contracted for on December 31. _____COL. 1
Age 20 and UnderCOL. 2
Age 21 and Over

2. Number of Medi-Cal Subacute Patients in the Hospital on December 31. _____

3. Number of Medi-Cal Subacute Patients Admitted During the Year. _____

4. Number of Medi-Cal Subacute Patients Discharged During the Year. _____

5. Number of Medi-Cal Subacute Care Patient Days. _____

B. PLACE MEDI-CAL SUBACUTE PATIENTS REPORTED ON LINE 3 WERE ADMITTED FROM (Source of Admission):

10. Home _____

11. State Hospital _____

12. Residential Board and Care Facility _____

13. Hospital _____

14. Other LTC facility _____

15. Other, Specify _____

C. PLACE MEDI-CAL SUBACUTE PATIENTS REPORTED ON LINE 4 WERE DISCHARGED TO (Disposition of Patient):

20. Home _____

21. State Hospital _____

22. Residential Board and Care Facility _____

23. Hospital _____

24. Other LTC facility _____

25. Other, Specify _____

26. Death _____

D. REPORT THE NUMBER OF MEDI-CAL SUBACUTE PATIENTS ON DECEMBER 31 THAT REQUIRED THE TREATMENT/PROCEDURES LISTED. (A patient may require more than one treatment/procedure:)

31. Tracheostomy with Ventilator _____

32. Tracheostomy without Ventilator _____

33. Tube feeding (nasogastric or gastrostomy) _____

34. Total Parenteral Nutrition (TPN) _____

35. Physical Therapy _____

36. Speech Therapy _____

37. Occupational Therapy _____

38. IV Therapy _____

39. Wound Care _____

40. Peritoneal Dialysis _____

COMPLETE ONLY IF YOUR HOSPITAL HAS LICENSED ACUTE PSYCH OR PHF BEDS**A. ACUTE PSYCHIATRIC PATIENTS ON DECEMBER 31**

	Line No.	PATIENT CENSUS DECEMBER 31
ACUTE PSYCHIATRIC TOTAL	1	*
Locked	2	
Open	3	

*TOTAL must equal Line 20, Column 1, Page 8

B. ACUTE PSYCHIATRIC PATIENTS BY AGE CATEGORY ON DECEMBER 31

AGE GROUP	Line No.	NUMBER OF PATIENTS
TOTAL PATIENT CENSUS	6	*
0-17 Years	7	
18-64 Years	8	
65 Years and over	9	

*TOTAL patient census (Line 6) must be equal to total acute psychiatric patients (Line 1 above)

C. CDR SERVICES PROVIDED IN LICENSED ACUTE PSYCHIATRIC BEDS

Line No.	CENSUS 12/31 (Column 1)	For Calendar Year		STATE USE ONLY
		DISCHARGES (Column 2)	PATIENT DAYS (Column 3)	BEDS ON LICENSE (Column 4)
15				

D. NUMBER OF ACUTE PSYCHIATRIC PATIENTS BY PRIMARY PAYER ON DECEMBER 31

SOURCE	Line No.	NUMBER OF PATIENTS
TOTAL ACUTE PSYCHIATRIC PATIENTS*	20	
Medicare	21	
Medi-Cal	22	
Short-Doyle (includes Short-Doyle Medi-Cal)	23	
HMO	24	
Other Third Party Payer	25	
Private Pay	26	
Other	27	

*Total acute psychiatric patients (Line 20) must be equal to total patient census (Line 6) and acute psychiatric total (Line 1)

E. During the calendar year, did you provide any acute psychiatric care under a Short-Doyle contract? (1-Yes, 2-No).....30. ____

A. INPATIENT BED UTILIZATION - DO NOT INCLUDE NORMAL NEWBORNS IN BED UTILIZATION DATA ON THIS TABLE!

Line No.	CENSUS 12/31 (Col.1)	STATE USE ONLY Licensed beds (Col. 2)	BED CLASSIFICATION AND BED DESIGNATION ¹	For Calendar Year			STATE USE ONLY Licensed Bed Days (Col. 6)
				Hospital Discharges (Including Deaths) (Col. 3)	Intrahospital Transfers From Critical Care (Col. 4)	Patient Census Days (Col. 5)	
1			Medical/Surgical ² (Include GYN)				
2			Perinatal { <i>Exclude newborn</i> <i>Exclude Gyn</i>				
3			Pediatric				
4			Intensive Care ³				
5			Coronary Care ³				
6			Acute Respiratory Care ³				
7			Burn Center ³				
8			Intensive Care Newborn Nursery				
10			Rehabilitation Center ⁴				
16			SUBTOTAL--General Acute Care				
18			Chemical Dependency Recovery Hospital				
20			Acute Psychiatric Please complete Page 7				
25			Skilled Nursing⁵ Please complete Page 4				
30			Intermediate Care⁶ Please complete Page 4				
40			HOSPITAL TOTAL				

¹ See instructions⁴ Physical (muscular/neurological) rehabilitation² The Department of Health Service's Licensing and Certification Division replaced the Medical/Surgical designation with "Unspecified General Acute"⁵ From Page 4, Line 4, Columns 1 and 3³ Step-down utilization (observation, telemetry, etc.) are to be reported as Medical/Surgical (Line 1)⁶ From Page 4, Line 4, Columns 2 and 4

- B.** Complete the table below if you **provided** Chemical Dependency Recovery Services (CDRS) **in your licensed General Acute Care Beds** (subtotaled on line 16 above). Do not include data below if the service was provided in licensed CDR Hospital beds (reported on Line 18 above), nor if provided in licensed Acute Psychiatric beds (reported on Page 7).

CDRS PROVIDED IN LICENSED GENERAL ACUTE CARE BEDS

Line No.	CENSUS DECEMBER 31 (Column 1)	For Calendar Year		STATE USE ONLY
		DISCHARGES (Column 2)	PATIENT DAYS (Column 3)	BEDS ON LICENSE (Column 4)
45				

CARDIAC SURGERY AND CARDIAC CATHETERIZATION SERVICES

COMPLETE THIS PAGE ONLY IF "CARDIOVASCULAR SURGERY SERVICES" OR "CARDIAC CATHETERIZATION LABORATORY ONLY" APPEAR ON YOUR HOSPITAL'S LICENSE DURING THE REPORTING YEAR.

State Use Only

3 _____

CARDIAC SURGERY: PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING.

Enter "0" if the answer is none or the question does not apply

- A. How many operating rooms on 12/31 were equipped to perform cardiac surgery with extracorporeal bypass?..... 10 _____
- B. How many cardiac surgery operations with extracorporeal bypass were performed during the calendar year?

	Line No.	Cardiac Surgery with Extracorporeal Bypass
Pediatric	11	
Adult	12	
TOTAL	13	

CARDIAC CATHETERIZATIONS: PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING.

Enter "0" if the answer is none or the question does not apply

- A. How many rooms in your hospital on 12/31 were equipped to perform Cardiac Catheterizations 20 _____
Report the utilization of these rooms below:

TABLE B "Cath Lab" Utilization

	Line No.	PATIENT VISITS	
		Cardiac Catheterizations	
		Diagnostic (Col. 1)	Therapeutic (Col. 2)
Pediatric	23		
Adult	24		
TOTAL	25		

NOTE: DO NOT INCLUDE ANY OF THE FOLLOWING AS A CATHETERIZATION

Angiography
Automatic Implantable Cardiac Defibrillator (AICD)
Defibrillator (AICD)
Cardioversion
Intra-Aortic Balloon Pump
Percutaneous Transluminal (Balloon)
Angioplasty (PTA) (non-cardiac)
Pericardiocentesis
Temporary Pacemaker Implantation

TABLE C Distribution of Therapeutic Cardiac Catheterizations by Type

TYPE	Line No.	NUMBER (Col. 1)
Permanent Pacemaker Implantation	26	
PTCA	27	
PTBV	28	
Thrombolytic Agents	29	
Other, Specify _____	30	
TOTAL*	31	

*must agree with entry in column 2 on line 25

BIRTH AND ABORTION DATA

- A.** Enter the number of the following events which occurred in your hospital during the calendar year. If a particular event did not occur in your hospital, enter a "0".

Line No.	EVENT	TOTAL OCCURRING IN HOSPITAL
6	Total Live Births (Count multiple births separately) ¹	*
7	• Live Births with Birth Weight Less Than 2500 grams (5lbs. 8 oz.) ²	
8	• Live Births with Birth Weight Less Than 1500 grams (3lbs. 5 oz.) ²	
9	Induced Abortions Inpatient ³	
10	Induced Abortions Outpatient (ambulatory) ³	

*The number of births shown on this line should be approximately the same as the number of discharges shown on Page 8, Line 2, Col. 3. Include LDR or LDRP births in table above.

- B.** Enter the number 1 (yes) if the hospital had an alternative setting.....11 _____
(i.e. an approved birthing program)

LDR⁴ LDRP⁴

If yes, your alternative setting was approved as (check correct alternative).....12 _____
(Col. 1) (Col. 2)

How many of the live births reported on line 6 occurred in your alternative setting?.....13 _____
Do not include C-Section deliveries.

How many of the live births reported on line 6 were Cesarean Section deliveries?.....14 _____

¹ LIVE BIRTH

The complete expulsion or extraction from its mother, in a hospital, of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life such as beating of heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born. When more than one live product of conception is expelled (multiple birth), each one constitutes a separate live birth. EXCLUDE live births occurring outside your hospital.

² LIVE BIRTHS UNDER 2500 GRAMS; UNDER 1500 GRAMS

Of the total live births, how many weighed less than 2500 grams (5 lbs., 8 oz.); of the births weighing less than 2500 grams, how many weighed less than 1500 grams (3 lbs., 5 oz.)?

³ INDUCED ABORTIONS

Intentionally induced abortions (chemically or surgically), performed on an outpatient or inpatient basis, irrespective of gestational age.

⁴ LDR (Labor, Delivery and Recovery) and LDRP (Labor, Delivery, Recovery and Post-Partum)

LDR is a program for low-risk mothers with stays of less than 24 hours, including equipment and supplies or uncomplicated deliveries in a home-like setting and that has been approved by the Division of Licensing and Certification, Department of Health Services (L&C). LDR replaces ABC (Alternative Birthing Center).

LDRP is a program similar to LDR but is not limited to low-risk deliveries and the stays are usually for more than one day. LDRP also is L&C approved.

- C.** Enter the number of newborn nursery days.....15 _____

SURGICAL SERVICES

A. In the table below, enter the numbers requested. If an item does not apply or the answer is "none" enter a "0".

TABLE A – SURGICAL SERVICES

	Line No.	FOR CALENDAR YEAR	
		Number of Surgical Operations (Col. 1)	Operating Room (Anesthesia) Minutes (Col. 2)
Inpatient	1		
Outpatient	2		

- **Surgical Operations** -- A surgical operation is one patient using a surgery room. Therefore, a surgery involving multiple procedures (even multiple, unrelated surgeries) performed during one scheduling is to be counted as one surgical operation. This definition of a surgical operation could also be termed a "patient scheduling."

- **Operating Room Minutes** -- The difference, in minutes, between the beginning of administration of GENERAL anesthesia, and the end of administration of GENERAL anesthesia. If general anesthesia is not administered, Operating Room Minutes are the number of minutes between the beginning and ending of surgery.

The only exception: if the general anesthesia continues after the patient leaves the operating room, then ending time occurs when the patient leaves the operating room.

B. Enter the number 1 if during the reporting year, you had an organized ambulatory surgical program, i.e., did you have written policies, procedures, and quality of care standards specific to outpatient surgery patients?.....5 _____

C. **On December 31**, what was the number of surgical operating rooms in your surgical suites(s)?
(Include special procedure rooms, i.e., cystoscopy rooms, cardiovascular surgery rooms, and other rooms in which surgeries were performed)10 _____

D. Of the total operating rooms specified in Item C, how many, during the calendar year were used:

Exclusively for outpatient surgery?.....11 _____

For both inpatient and outpatient surgery?.....12 _____

Exclusively for inpatient surgery?.....13 _____

RADIATION THERAPY SERVICE (Megavoltage Machines Only)

A. If Radiation Therapy Services appear on your hospital's license, do you provide the service? (1-Yes, 2-No) 1 ____

If Yes, please complete Section B.

State Use Only

2 ____

B. In the table below, complete one line for each megavoltage machine in your Radiation Therapy Service.

Col. 3 Those days the machine was available for use including weekends, holidays, etc. Include only days the machine could have been used: do not include down time.

Col. 4 "Treatment Visits" means a patient visit during which radiation therapy was performed.

TABLE B – MEGAVOLTAGE MACHINES

Line No.	Machine Number	TYPE OF MACHINE 1=Linear Accelerator 12MeV & Under 2=Linear Accelerator Over 12 MeV 3=Cobalt 60 4=Betatron 5=Van de Graff Col. 1	Year Operational In Hospital Col. 2	Total Machine Days Used Col. 3	Number of Treatment Visits Col. 4	FOR LINEAR ACCELERATORS Maximum Voltage (MeV) in	
						Photon Mode Col. 5	Electron Mode Col. 6
10	1						
11	2						
12	3						
13	4						
14	5						

EMERGENCY MEDICAL SERVICES

A. **On December 31**, what was the number of emergency medical patient treatment stations available? (A treatment station is a specific place within the emergency department adequate to treat one patient at a time. Do not count holding or observation beds).....26 ____

B. What was the total number of patient visits to the EMS during the calendar year?.....28 ____
DO NOT INCLUDE employee physicals and other scheduled visits.

C. What was the number of NON-URGENT EMS* visits during the calendar year?.....29 ____

D. What was the number of URGENT EMS* visits during the calendar year?.....30 ____

E. What was the number of CRITICAL EMS* visits during the calendar year?.....31 ____

F. What was the number of EMS visits that resulted in hospital admissions?.....32 ____

(*See definitions in Instructions)